

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

0 / 531009

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6		1				
7						
8		1				
9						
10		1				
11						
12						
13		1				
14						
15		1				
16	1					
17		1				
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50						

TOTAL IND.	2	↓	↓	↓
TOTAL DEP.	16	←	←	←
TOTAL CLAIMS	18	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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99						
100						

TOTAL IND.		↓	↓	↓
TOTAL DEP.		←	←	←
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]